



**U.S. Senator Tom Cotton (Arkansas)**  
**CONSTITUENT SOCIAL SECURITY INQUIRY**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

How did you hear about the services that Senator Cotton's office provides? \_\_\_\_\_

**U.S. Senator Tom Cotton has my permission to share information regarding my case with the following person(s):** (Please list first and last name of spouse, children, or others that can request or discuss information on your behalf. Do not list the federal agencies in this section.)

**Briefly describe the issue for which you are requesting U.S. Senator Cotton's assistance:**  
(If additional space is needed, please feel free to write on the back or use additional paper.)

**Please check the type of Social Security benefits applied for:**

<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Retirement Benefits
<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Survivor's Benefits
<input type="checkbox"/> Disabled Widow/Widower's Benefits	<input type="checkbox"/> Other

Has your claim been denied? \_\_\_\_\_

If so, have you filed an appeal? \_\_\_\_\_ What is the date of your appeal? \_\_\_\_\_

**What level is your appeal at this time:** (Please check one)

☐ Reconsideration    ☐ Hearing before an ALJ    ☐ Appeals Council    ☐ Federal Court

**PRIVACY ACT:** In accordance with the provision of the Privacy Act of 1974 and the privacy standard of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, I authorize the Office of Senator Tom Cotton to secure any and all information required in the solution of my problem, including, but not limited to, health information, doctors' records, pharmaceutical and dental records from any source, i.e. Social Security Administration, Department of Health and Human Services, Medicare, Medicaid, Veteran's Administration and U.S. Citizenship and Immigration Services.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail the completed form and any attachments to the address listed below:*

U.S. Senator Tom Cotton  
1401 West Capitol Avenue, Suite 235  
Little Rock, AR 72201  
501-223-9081